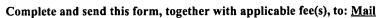
PART B - FEE(S) TRANSMITTAL



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maintenance fee notification	below or directed otherwise	in Block I, by (a)	FEE and PUBLIC ers and notification specifying a new of	orrespondence address;	ried). Blocks 1 through 5 s rill be mailed to the current and/or (b) indicating a sepa	arate "FEE ADDRESS" for
	590 05/12/2005	any change of address	ું. જો	Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate.	mailing can only be used for is certificate cannot be used all paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must
CHARLES H. TI CISLO & THOMA 4201 LONG BEA SUITE 405	AS LLP	P. F. Francisco	UN 0 9 2005	Cer I hereby certify that th States Postal Service v addressed to the Mai	tificate of Mailing or Trans	smission g deposited with the United st class mail in an envelope above, or being facsimile
LONG BEACH, CA 90807-2022			MAD	Charles I	H. Thomas	(Depositor's name)
005 MBERHE1 00000037 10643851				6 Karla	X Thomas	(Signature)
501 700.00 OP				June 7,	2005	(Date)
APPLICATION NO,	FILING DATE	FIRST NAMED		ITOR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,851	08/20/2003	Bon S. O		,	T-4219	6602
TITLE OF INVENTION: E	XPANDING FILE WITH R	EMOVABLE TOTE	ВОХ			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	08/12/2005
EXAMINER		ART UNIT	· c	LASS-SUBCLASS		
BUI, LUAN KIM		3728		206-425000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee da of this form is NOT	ata will appear on a substitute for filir	the patent. If an assign g an assignment.	ee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
				Individual UC	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number						
_ ` '	(from status indicated above MALL ENTITY status. See	´ -	b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature	Publication Fee (if required) words of the United States Pate	ent and Trademark	office.		Iune 7, 2005	he assignee or other party in

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